

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2007, or fiscal year beginning 01/01, 2007, and ending 12/31, 2007

▶ Do not send to the IRS. Keep for your records.

▶ See instructions.

2007

Return ID (20-digit number) ▶ 0402762007123499044H

Name of exempt organization

Employer identification number

PARKVIEW ADVENTIST MEDICAL CENTER

01-0244035

Name and title of officer

TED LEWIS PRESIDENT/CEO

**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12) . . . . .	1b	36739103.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) . . . . .	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize KPMG LLP to enter my PIN 44035 as my signature

ERO firm name

do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Ted Lewis

Date ▶ 8-13-08

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

04027677771

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶

Robert Butler

Date ▶ 8-11-08

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2007)

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2007 calendar year, or tax year beginning , 2007, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PARKVIEW ADVENTIST MEDICAL CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 329 MAINE STREET City or town, state or country, and ZIP + 4 BRUNSWICK, ME 04011	<b>D</b> Employer identification number 01-0244035
	<b>E</b> Telephone number (207) 373-2000	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	<b>G</b> Website: WWW.PARKVIEWAMC.ORG	
	<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c) ( 03 ) ◀ (insert no.) 4947(a)(1) or 527	
<b>K</b> Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
<b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 36,739,103.		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).


**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	76,884.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 76,884. noncash \$ )	1e	76,884.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	36,323,260.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	123.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	36,943.	
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	36,943.		
7	Other investment income (describe ▶ )	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	4,653.	
Revenue	8d		8d	4,653.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
Revenue	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
Revenue	11	Other revenue (from Part VII, line 103)	11	297,240.	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	36,739,103.	
	Expenses	13	Program services (from line 44, column (B))	13	37,940,675.
		14	Management and general (from line 44, column (C))	14	6,183,153.
15		Fundraising (from line 44, column (D))	15	125,922.	
16		Payments to affiliates (attach schedule)	16		
Expenses	17	Total expenses. Add lines 16 and 44, column (A)	17	44,249,750.	
	Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-7,510,647.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,425,264.
		20	Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	914,617.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ 
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only.

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>Parkview Adventist Medical Center</b>		Employer identification number <b>01      0244035</b>	
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>329 Maine Street</b>			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Brunswick, Maine 04011</b>			

Check type of return to be filed (file a separate application for each return):

- ☒ Form 990
 ☐ Form 990-T (corporation)
 ☐ Form 4720
- ☐ Form 990-BL
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 5227
- ☐ Form 990-EZ
 ☐ Form 990-T (trust other than above)
 ☐ Form 6069
- ☐ Form 990-PF
 ☐ Form 1041-A
 ☐ Form 8870

- The books are in the care of ► William S. Gannon

Telephone No. ▶ ( 207 ) 373-2295 FAX No. ▶ ( 207 ) 721-0258

- If the organization does not have an office or place of business in the United States, check this box ☐   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)\_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2007 or
- ▶ ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, <u>less any nonrefundable credits</u> . See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax <u>payments made</u> . Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

200826 VY 67 2007 670 0141  
000167 04011

K  
IRS USE ONLY

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010244035 TE 3



Department of the Treasury  
Internal Revenue Service  
OGDEN, UT 84201-0074

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: July 7, 2008

Taxpayer Identification Number:  
01-0244035  
Tax Form: 990  
Tax Period: December 31, 2007

080582.513644.0266.005 1 AB 0.351 530  
|||||



PARKVIEW ADVENTIST MEDICAL CENTER  
% WILLIAM S GANNON  
329 MAINE ST  
BRUNSWICK ME 04011-3310296

080582

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

### Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to [www.irs.gov](http://www.irs.gov). Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit [www.irs.gov](http://www.irs.gov). (Access to this site will not provide you with your specific taxpayer account information.)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule)	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule).		<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule).		<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A		<b>25a</b> 274,097.	NONE	274,097.	STMT 6 NONE
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B		<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c		<b>26</b> 16,897,986.	15,751,542.	1,106,568.	39,876.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c		<b>27</b> 352,917.	324,523.	27,572.	822.
<b>28</b> Employee benefits not included on lines 25a - 27		<b>28</b> 2,388,979.	2,196,775.	186,643.	5,561.
<b>29</b> Payroll taxes		<b>29</b> 1,235,036.	1,135,672.	96,489.	2,875.
<b>30</b> Professional fundraising fees		<b>30</b>			
<b>31</b> Accounting fees		<b>31</b> 71,043.		71,043.	
<b>32</b> Legal fees		<b>32</b> 1,070,072.		1,070,072.	
<b>33</b> Supplies		<b>33</b> 4,516,140.	4,316,426.	145,020.	54,694.
<b>34</b> Telephone		<b>34</b> 62,316.	61,984.	332.	
<b>35</b> Postage and shipping		<b>35</b> 74,006.	66,924.	6,525.	557.
<b>36</b> Occupancy		<b>36</b> 897,883.	774,421.	123,462.	
<b>37</b> Equipment rental and maintenance		<b>37</b> 1,429,943.	1,372,051.	56,910.	982.
<b>38</b> Printing and publications		<b>38</b> 218,913.	121,298.	92,176.	5,439.
<b>39</b> Travel		<b>39</b> 356,550.	123,463.	228,667.	4,420.
<b>40</b> Conferences, conventions, and meetings		<b>40</b>			
<b>41</b> Interest		<b>41</b> 444,747.	444,747.		
<b>42</b> Depreciation, depletion, etc. (attach schedule)		<b>42</b> 1,731,827.	1,731,827.		
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> BAD DEBTS		<b>43a</b> 2,883,963.	2,883,963.		
<b>b</b> PURCHASED SERVICES		<b>43b</b> 4,406,553.	3,752,161.	644,452.	9,940.
<b>c</b> INSURANCE		<b>43c</b> 573,055.	573,055.		
<b>d</b> PROFESSIONAL FEES		<b>43d</b> 2,943,060.	1,526,709.	1,415,595.	756.
<b>e</b> MISCELLANEOUS		<b>43e</b> 1,420,664.	783,134.	637,530.	
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).		<b>44</b> 44,249,750.	37,940,675.	6,183,153.	125,922.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** **SEE STATEMENT 8**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

37,940,675.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**e** Other program services (attach schedule)  
(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . . **37,940,675.**

Form **990** (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	147,720.	<b>45</b>	220,107.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 11,146,084.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 7,057,374.	4,025,826.	<b>47c</b> 4,088,710.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . STMT. 10.	<b>51a</b> 727,997.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 598,238.	684,121.	<b>51c</b> 129,759.
	<b>52</b> Inventories for sale or use . . . . .	1,003,044.	<b>52</b>	758,472.
	<b>53</b> Prepaid expenses and deferred charges . . . . .	113,376.	<b>53</b>	73,644.
	<b>54a</b> Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 22,798,272.			
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 13,827,558.	9,656,795.	<b>57c</b> 8,970,714.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT. 11)	4,971,013.	<b>58</b>	4,312,267.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	20,601,895.	<b>59</b>	18,553,673.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	6,575,184.	<b>60</b>	9,187,608.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . . STMT. 12.	2,164,119.	<b>64a</b>	1,953,183.
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . . STMT. 13.	3,437,328.	<b>64b</b>	3,816,472.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT. 14)	NONB	<b>65</b>	2,681,793.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	12,176,631.	<b>66</b>	17,639,056.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted . . . . .	8,394,018.	<b>67</b>	883,370.
	<b>68</b> Temporarily restricted . . . . .	31,246.	<b>68</b>	31,247.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	8,425,264.	<b>73</b>	914,617.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	20,601,895.	<b>74</b>	18,553,673.

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements. . . . .	<b>a</b>	36,739,103.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	----- Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	36,739,103.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): _____	<b>d2</b>	
	----- Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	36,739,103.

**Part IV-B**      **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	44,249,750.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): -----	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	44,249,750.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): -----	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	44,249,750.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]



Yes	No
-----	----

11

75b

75c

75d

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76

77

78a

78b

79

80a

STMT 17

X	exempt or	X	nonexempt
---	-----------	---	-----------

81b

**Part VI Other Information** (Continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) . . . . .	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members . . . . .	85c	N/A
d	Section 162(e) lobbying and political expenditures . . . . .	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . . .	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders . . . . .	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► <u>NONE</u> ; section 4912 ► <u>NONE</u> ; section 4955 ► <u>NONE</u> . . . . .		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization . . . . .		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	89g	X
90 a	List the states with which a copy of this return is filed ► . . . . .		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) . . . . .	90b	334
91 a	The books are in care of ► <u>WILLIAM S. GANNON</u> Telephone no. ► <u>207-373-2295</u>		
	Located at ► <u>329 MAINE STREET BRUNSWICK, ME</u> ZIP + 4 ► <u>04011</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	91b	X
If "Yes," enter the name of the foreign country ► _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c ☒ X

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 N/A**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a NET INPATIENT REVENUE					13,339,102.
b NET OUTPATIENT REVENUE					22,984,158.
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	123.	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					36,943.
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					4,653.
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a					
b OTHER INTEREST INCOME					18,402.
c CAFETERIA SALES			03	204,171.	
d GIFT SHOP			03	32,408.	
e MISCELLANEOUS			01	42,259.	
104 Subtotal (add columns (B), (D), and (E)) . . . . .				278,961.	36,383,258.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					36,662,219.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 19	%		132,673.	34,368.
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No  
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 20			
b				
c				
<b>Totals</b>				132,673.

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer John J. Lewis Date 8-13-08

Type or print name and title PRESIDENT / CEO

**Paid  
Preparer's  
Use Only**

Preparer's signature Robert A. Butler Date 8-11-08 Check if self-employed ☐

Firm's name (or yours if self-employed), address, and ZIP + 4 KPMG LLP Preparer's SSN or PTIN (See Gen. Inst. X) P00037953

99 HIGH STREET EIN 13-5565207

BOSTON, MA Phone no. 617-988-1000

02110-2371

Form **990** (2007)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 21				
Total number of other employees paid over \$50,000 . . ▶		105		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 22		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		12

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 23		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ 5,066. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a** Sale, exchange, or leasing of property? . . . . .

2a X

- b** Lending of money or other extension of credit? . . . . .

2b X

- c** Furnishing of goods, services, or facilities? . . . . .

2c X

- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . STMT. 24

2d X

- e** Transfer of any part of its income or assets? . . . . .

2e X

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a X

- b** Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

- c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c X

- d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a X

- b** Did the organization make any taxable distributions under section 4966? . . . . .

4b X

- c** Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

- d** Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► NONE

- e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► NONE

- f** Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► NONE

- g** Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► NONE

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I      ☐ Type II      ☐ Type III - Functionally Integrated      ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .					
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .					
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .					
<b>24</b> Line 23 minus line 17. . . . .					
<b>25</b> Enter 1% of line 23. . . . .					
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE</b> . . . . .					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . .					
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . .					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . .					
e Public support (line 26c minus line 26d total) . . . . .					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . .					%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>NOT APPLICABLE</b> (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . .					
d Add: Line 27a total . . . . . and line 27b total . . . . .					
e Public support (line 27c total minus line 27d total) . . . . .					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . .					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . .					%
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					



**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>		
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .		
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .		
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .		
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .		
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .		X	
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .	X		5,066.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			5,066.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 25

Schedule A (Form 990 or 990-EZ) 2007



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(03) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)**General Rule -**☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)**Special Rules -**☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ► \$ \_\_\_\_\_**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization PARKVIEW ADVENTIST MEDICAL CENTER

Employer identification number

01-0244035

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FRIENDS OF PARKVIEW AUXILIARY 329 MAINE STREET BRUNSWICK, ME 04011	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	STEMPLE AND CATHERINE JOHNSON 275 DURHAM ROAD BRUNSWICK, ME 04011	\$ 13,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL FOR LOSS ON SALES OF ASSETS  
FORM 990, PART I, LINE 8

GAIN ON DISPOSITION OF FIXED ASSESTS	\$ 4,653
TOTAL TO LINE 8D	<u>\$ 4,653</u>
	=====

FORM 990 - GENERAL EXPLANATION ATTACHMENT  
=====DETAIL FOR FIXED ASSETS  
FORM 990, PART IV, LINE 57

	12/31/2006	12/31/2007
LAND & LAND IMPROVEMENTS	\$ 949,237	\$ 949,237
BUILDINGS & IMPROVEMENTS	9,732,052	9,737,543
FIXED EQUIPMENT	3,247,137	3,549,830
MAJOR MOVEABLE EQUIPMENT	7,101,624	7,918,505
LEASEHOLD IMPROVEMENTS	253,148	253,148
CONSTRUCTION IN PROGRESS	422,149	390,009
TOTAL TO LINE 57A	<u>\$ 21,705,347</u>	<u>\$ 22,798,272</u>
LESS ACCUMULATED DEPRECIATION	(12,048,552)	(13,827,558)
TOTAL TO LINE 57C	<u>\$ 9,656,795</u> =====	<u>\$ 8,970,714</u> =====
CURRENT YEAR DEPRECIATION EXPENSE		<u>\$ 1,731,827</u> =====

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL FOR TAX EXEMPT BOND LIABILITIES  
FORM 990, PART IV, LINE 64A

	12/31/2006	12/31/2007
LONG TERM DEBT	\$ 2,164,119	\$ 1,953,183
TOTAL TO LINE 64A	<u>\$ 2,164,119</u> =====	<u>\$ 1,953,183</u> =====

MAINE HEALTH AND HIGHER EDUCATION FACILITIES AUTHORITY (MHHEFA) REVENUE BONDS, SERIES 1998B, (NET OF ORIGINAL ISSUE DISCOUNT OF \$28,098 AT DECEMBER 31,2007). THE SERIES 1998B REVENUE BONDS MATURE ANNUALLY IN AMOUNTS RANGING FROM \$160,000 IN 2008 TO \$260,000 IN 2018 AT INTEREST RATES RANGING FROM 4.45% TO 5.00%.



## FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL FOR MORTGAGES & OTHER NOTES PAYABLE  
FORM 990, PART IV, LINE 64B

12/31/2007

VARIABLE RATE MORTGAGE NOTE PAYABLE DUE IN MONTHLY  
INSTALLMENTS OF \$4,417, INCLUDING INTEREST CALCULATED  
AT THE AVERAGE YIELD OF U.S. TREASURY SECURITIES PLUS  
3.75% (7.50% AT 12/31/2007), THROUGH AUGUST 2016;  
COLLATERALIZED BY BUILDINGS.

\$ 394,214

6.47% NOTE PAYABLE, DUE IN MONTHLY INSTALLMENTS OF  
\$2,050, INCLUDING INTEREST, THROUGH JULY 2013;  
COLLATERALIZED BY BUILDINGS.

114,785

5.75% NOTE PAYABLE TO A BANK, DUE IN MONTHLY  
INSTALLMENTS OF \$2,582 AND \$959, INCLUDING INTEREST,  
THROUGH DECEMBER 2008; COLLATERALIZED BY VARIOUS  
PERSONAL PROPERTY.

32,273

8.00% NOTE PAYABLE TO A BANK, DUE IN MONTHLY  
INSTALLMENTS OF \$697, INCLUDING INTEREST, THROUGH  
FEBRUARY 2012; COLLATERALIZED BY VEHICLE.

28,265

7.52% MORTGAGE NOTE PAYABLE, DUE IN MONTHLY  
INSTALLMENTS OF \$1,343, INCLUDING INTEREST, THROUGH  
DECEMBER 2010; COLLATERALIZED BY A MEDICAL OFFICE  
CONDOMINIUM.

154,400

6.00% NOTE PAYABLE TO NORTHERN NEW ENGLAND CONFERENCE  
OF SEVENTH-DAY ADVENTISTS, DUE IN FULL FEBRUARY 2008,  
INCLUDING INTEREST; COLLATERALIZED BY SUITES #4 AND  
#21 OF THE PROFESSIONAL BUILDING.

400,000

LINE OF CREDIT: THE MEDICAL CENTER HAS AN OPERATING  
LINE OF CREDIT WITH A BANK WITH A MAXIMUM AMOUNT OF  
\$1,250,000. INTEREST ON BORROWINGS WAS 8.75% AS OF  
12/31/2007. THE LINE OF CREDIT IS COLLATERALIZED BY  
A SUBORDINATED PERFECTED SECURITY INTEREST IN THE  
MEDICAL CENTER'S BUSINESS ASSETS EXCLUDING REAL ESTATE.

1,134,000

LINE OF CREDIT: THE MEDICAL CENTER ALSO HAS A CAPITAL  
LINE OF CREDIT WITH A BANK IN THE AMOUNT OF \$3,000,000  
WHICH IS COLLATERALIZED BY ANY ITEMS PURCHASED WITH  
PROCEEDS FROM THE LINE AND ACCOUNTS RECEIVABLE. INTEREST

## FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

ON BORROWINGS VARIES FROM 6.11% TO 8.60% AS OF  
12/31/2007.

1,344,587

OTHER VARIOUS CAPITAL LEASES

213,948

TOTAL TO LINE 64B

\$ 3,816,472  
=====

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE  
=====

CURRENT OFFICER NAME -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
THEODORE LEWIS			
COMPENSATION:	NONE	231,716.	NONE
CONTRIBUTIONS TO BENEFIT PLANS:	NONE	42,381.	NONE
EXPENSE ACCOUNT:	NONE	NONE	NONE
	-----	-----	-----
TOTALS	NONE	274,097.	NONE
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

INPATIENT AND OUTPATIENT MEDICAL SERVICES

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

## PROGRAM SERVICE ACCOMPLISHMENT A

PARKVIEW ADVENTIST MEDICAL CENTER (PAMC) PROVIDED INPATIENT HOSPITAL SERVICES TO 1,393 PATIENTS IN 2007. DURING THE YEAR, THERE WERE ALSO 79,387 OUTPATIENT VISITS FOR HOSPITAL SERVICES. SERVICES OF QUALITY MEDICAL HEALTHCARE WERE PROVIDED REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND FINANCIAL STABILITY OF PAMC IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. IT IS FURTHER RECOGNIZED THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTH EDUCATION. DURING 2007, IN KEEPING WITH PAMC'S COMMITMENT TO SERVE ALL MEMBERS OF THIS COMMUNITY, CHARITY CARE TOTALING \$633,777 WAS PROVIDED. FOR PATIENTS UNABLE OR UNWILLING TO PAY FOR HEALTHCARE SERVICES, PAMC'S PROVISION FOR BAD DEBTS TOTALED \$2,883,963 DURING 2007. THE HOSPITAL PROVIDED 55% OF ITS TOTAL REVENUE TO MEDICARE AND MEDICAID RECIPIENTS, FOR WHICH COST SUBSTANTIALLY EXCEEDED REIMBURSEMENT.

A SIGNIFICANT AMOUNT OF FREE CARE IS PROVIDED THROUGH THE MEDICAL CENTER'S 24-HOUR A DAY EMERGENCY DEPARTMENT WHICH RECEIVED 12,471 PATIENT VISITS DURING 2007. EMERGENCY MEDICAL CARE IS PROVIDED TO EVERY PATIENT ENTERING THE EMERGENCY DEPARTMENT, EVEN THOUGH THEY MAY BE UNABLE TO MAKE PAYMENT FOR THE SERVICES.

IN KEEPING WITH PAMC'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, THE MEDICAL CENTER ALSO PROVIDED A WIDE RANGE OF ACTIVITIES WHICH INCLUDED WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY, HANDICAPPED OR MEDICALLY UNDER-SERVED, ALONG WITH A VARIETY OF BROAD BASED COMMUNITY SUPPORT PROGRAMS. MOST OF THESE PROGRAMS ARE OFFERED FOR THE COST OF MATERIALS AND PROFESSIONAL TIME ONLY, OR AT NO FEE AT ALL AS A COMMUNITY SERVICE.

PAMC'S WELLNESS DEPARTMENT REFLECTS THE SHIFT IN HEALTHCARE FOCUS FROM TREATMENT TO PREVENTION. THE CONCEPT OF WELLNESS IS TO MAKE SICK PEOPLE WELL AND TO KEEP WELL PEOPLE FROM GETTING SICK. RESEARCH IS PROVING THAT EXERCISE AND PROPER DIET CAN HELP REVERSE MANY CHRONIC DISEASES AND REDUCE THE USE OF MEDICATION IN MANY

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

## ILLNESSES.

HEALTH TALKS HAVE BEEN GIVEN TO SCHOOLS, INDUSTRIES, SOCIAL AND CIVIC GROUPS. HEALTH INFORMATION, COUNSELING, AND AUDIOVISUALS HAVE BEEN PROVIDED TO THE COMMUNITY.

PAMC HAS AN ACTIVE VOLUNTEER PROGRAM, DURING 2007 THERE WERE VOLUNTEERS WHO GAVE MANY HOURS TOWARD THE COMMON PURPOSE OF MEETING THE HEALTHCARE NEEDS OF THE COMMUNITY. THE VALUE OF THIS PROGRAM IS GIVEN BACK TO THE COMMUNITY THROUGH LOWER COSTS FOR PATIENT SERVICES AND HEALTH EDUCATION.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE  
=====

BORROWER: RANDELL SKAU, PHYSICIAN  
ORIGINAL AMOUNT: 410,000.  
INTEREST RATE: 9.250000  
DATE OF NOTE: 02/17/2005  
PURPOSE OF LOAN: INCOME GUARANTEE  
ENDING BALANCE DUE ..... 216,306.  
-----

BORROWER: SERGIO RIFFEL, PHYSICIAN  
ORIGINAL AMOUNT: 330,000.  
INTEREST RATE: 9.250000  
DATE OF NOTE: 07/01/2005  
PURPOSE OF LOAN: INCOME GUARANTEE  
ENDING BALANCE DUE ..... 275,159.  
-----

BORROWER: BRIAN KNIGHTON, PHYSICIAN  
ORIGINAL AMOUNT: 201,000.  
INTEREST RATE: 8.250000  
DATE OF NOTE: 07/20/2006  
PURPOSE OF LOAN: INCOME GUARANTEE  
ENDING BALANCE DUE ..... 113,646.  
-----

BORROWER: GREGORY OBI, PHYSICIAN  
ORIGINAL AMOUNT: 90,000.  
INTEREST RATE: 8.250000  
DATE OF NOTE: 03/01/2007  
PURPOSE OF LOAN: INCOME GUARANTEE  
ENDING BALANCE DUE ..... 90,000.  
-----

BORROWER: BRUNSWICK MEDICAL CENTER RX AT PARKVIEW  
ORIGINAL AMOUNT: 90,000.  
INTEREST RATE: 5.750000  
DATE OF NOTE: 03/18/2004  
PURPOSE OF LOAN: HOLDING NOTE AS PART OF A SALE OF RETAIL PHARMACY  
ENDING BALANCE DUE ..... 32,886.  
-----

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES ..... 727,997.  
=====

## FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
DEBT SERVICE FUND MHHEFA	128,051.
DUE FROM PARKVIEW MSO	668,869.
BOND ISSUANCE COSTS	29,106.
THIRD PARTY RECEIVABLES	177,426.
DUE FROM FROM RELATED PARTIES	275,191.
MAINE CARE SETTLEMENTS	3,004,883.
OTHER RECEIVABLES	28,741.
	-----
TOTALS	4,312,267.
	=====



FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MHHEFA REVENUE BONDS: SEE STATEMENT 3	1,953,183.
TOTALS	1,953,183.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE  
=====

LENDER: MORTGAGES &amp; OTHER NOTES: SEE STATEMENT 4

ENDING BALANCE DUE ..... 3,816,472.  
-----TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 3,816,472.  
=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION

-----

ENDING  
BOOK VALUE

-----

THIRD PARTY SETTLEMENTS

2,681,793.

-----

TOTALS

2,681,793.

=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
THEODORE LEWIS 329 MAINE STREET BRUNSWICK, ME 04011	PRESIDENT 40.00	231,716.	42,381.	NONE
AL AUSTIN 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
ALICE CUNNINGHAM 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
DAN DAGETT 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
JOHN DEPALMA 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
STAN GERZOFKY 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
STEVE JOHNSON 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
MIKE ORTEL 329 MAINE STREET	CHAIR 5.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BRUNSWICK, ME 04011				
GREG PENNER 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
BOB SUNDIN 329 MAINE STREET BRUNSWICK, ME 04011	VICE CHAIR 5.00	NONE	NONE	NONE
JOEL TOMPKINS 329 MAINE STREET BRUNSWICK, ME 04011	BOARD MEMBER 2.00	NONE	NONE	NONE
GRAND TOTALS		231,716.	42,381.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS  
=====

RELATED ORGANIZATION NAME: GENERAL CONFERENCE OF SEVENTH DAY  
ADVENTIST  
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PARKVIEW MANAGEMENT SERVICES  
EXEMPT: NONEXEMPT: X

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES  
=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
93A	INCOME IS RECEIVED FROM PATIENTS AND THIRD PARTY PAYORS FOR
93B	MEDICAL AND DIAGNOSTIC SERVICES WHICH IS THE BASIS OF THE
	MEDICAL CENTER'S EXEMPT PURPOSE.
97	RENT IS RECEIVED FROM OFFICE SPACE MADE AVAILABLE TO
	PHYSICIANS.
100	ASSETS DISPOSED OF AT A GAIN WERE UTILIZED IN THE EXEMPT
	PURPOSE.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES  
=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
PARKVIEW MANAGEMENT SVCS 329 MAINE STREET BRUNSWICK, ME 04011 20-1440050	100.000000	BUSINESS SUPPORT SVCS	132,673.	24,388
PARKVIEW AMC ENERGY LLC 329 MAINE STREET BRUNSWICK, ME 04011 20-2649824	100.000000	DISREGARDED ENTITY	NONE	9,980.
TOTAL INCOME			132,673.	34,368.



FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT  
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CONTROLLED ENTITY'S NAME: PARKVIEW MANAGEMENT SERVICES  
CONTROLLED ENTITY'S ADDRESS: 329 MAINE STREET  
CITY, STATE & ZIP: BRUNSWICK, ME 04011  
EIN: 20-1440050  
TRANSFER AMOUNT: 132,673.  
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:  
BILLING FEES

## SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
BEVERLY TOWNE 329 MAINE STREET BRUNSWICK, ME 04011	PHYSICIAN 40.00	315,401.	35,800.	NONE
ROBERT ARANSON 329 MAINE STREET BRUNSWICK, ME 04011	PHYSICIAN 40.00	208,000.	37,011.	NONE
RICHARD LITTLEFIELD 329 MAINE STREET BRUNSWICK, ME 04011	PHYSICIAN 40.00	159,910.	10,581.	NONE
JEFFREY MAHER 329 MAINE STREET BRUNSWICK, ME 04011	PHYSICIAN 40.00	165,172.	34,427.	NONE
LAWRENCE LOSEY 329 MAINE STREET BRUNSWICK, ME 04011	PHYSICIAN 40.00	166,605.	30,597.	NONE
	TOTAL COMPENSATION	1,015,088.	148,416.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
CENTRAL MAINE MEDICAL CENTER 29 LOWELL ST. LEWISTON, ME 04240	ER PHYSICIANS	1,295,767.
VERRILL AND DANA ONE PORTLAND SQUARE PORTLAND, ME 04102	LEGAL SERVICES	298,943.
SYNERNET 222 ST. JOHN STREET, SUITE 329 PORTLAND, ME 04102	TRANSCRIPTION SVCS	235,849.
QUEST DIAGNOSTICS 5763 COLLECTION CENTER DRIVE CHICAGO, IL 60693	LABORATORY SVCS	194,818.
AMERICAN RED CROSS P. O. BOX 33093 NEWARK, NJ 07188	LABORATORY SVCS	173,258.
TOTAL COMPENSATION		----- 2,198,635. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
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NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
NASON INC 194 MERROW ROAD AUBURN, ME 04210	CONSTRUCTION	82,831.
TOTAL COMPENSATION		----- 82,831. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
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SEE FORM 990, PART V

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

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A PORTION OF THE DUES PAID TO MAINE HOSPITAL ASSOCIATION IS ALLOCATED TO LOBBYING ON MATTERS OF IMPORTANCE TO PARKVIEW ADVENTIST MEDICAL CENTER.